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PTO/SB/01 (10-00)

Approved for use through 10/31/2002 OMB 0651-0032

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☒ Declaration  
Submitted  
with Initial  
Filing      OR      Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

**Attorney Docket Number** NOVT 100

**First Named Inventor** Carsten Sjoeholm

**COMPLETE IF KNOWN**

**Application Number** /

**Filing Date** February 8, 2001

**Group Art Unit**

**Examiner Name**

**As a below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

USE OF ACID-STABLE SUBTILISIN PROTEASES IN ANIMAL FEED

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
2000 00200	DK	02/08/2000	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/183,133	02/17/2000	

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231


NOVT 100

11321/1

**DECLARATION — Utility or Design Patent Application**Direct all correspondence to: ☐ Customer Number  or ☒ Correspondence address below**Name** Patrea L. Pabst; Arnall Golden & Gregory, LLP**Address** 2800 One Atlantic Center**Address** 1201 West Peachtree Street**City** Atlanta **State** GA **ZIP** 30309-3450**Country** USA **Telephone** (404) 873-8794 **Fax** (404) 873-8795

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**NAME OF SOLE OR FIRST INVENTOR :**☐ A petition has been filed for this unsigned inventor**Given Name**  
(first and middle [if any]) Carsten**Family Name**  
or Surname Sjoeholm**Inventor's**  
**Signature****Date****Residence: City** Alleroed **State** **Denmark**  
**Country** **Citizenship** DK**Mailing Address** Alleroedvej 17**Mailing Address****City** Alleroed **State** **ZIP** DK-3450 **Country** Denmark**NAME OF SECOND INVENTOR:**☐ A petition has been filed for this unsigned inventor**Given Name**  
(first and middle [if any]) Peter Rahbek**Family Name**  
or Surname Oestergaard**Inventor's**  
**Signature****Date****Residence: City** Virum **State** **Denmark**  
**Country** **Citizenship** DK**Mailing Address** Kvaedevej 111**Mailing Address****City** Virum **State** **ZIP** DK-2830 **Country** Denmark☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

Please type a plus sign (+) inside this box PTO/SB/02A (11-00)  
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**DECLARATION****ADDITIONAL INVENTOR(S)****Supplemental Sheet**Page 1 of 1**Name of Additional Joint Inventor, if any:**☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Anna-Marie

Kluenter

**Inventor's  
Signature****Date****Residence: City** Loerrach**State****Country**

Germany

**Citizenship**

DE

**Mailing Address** Im Leh 2a**Mailing Address****City** Loerrach**State****ZIP** D-79541**Country**

Germany

**Name of Additional Joint Inventor, if any:**☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

**Inventor's  
Signature****Date****Residence: City****State****Country****Citizenship****Mailing Address****Mailing Address****City****State****ZIP****Country****Name of Additional Joint Inventor, if any:**☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

**Inventor's  
Signature****Date****Residence: City****State****Country****Citizenship****Mailing Address****Mailing Address****City****State****ZIP****Country**

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## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	February 8, 2001
First Named Inventor	Carsten Sjoeholm
Group Art Unit	
Examiner Name	
Attorney Docket Number	NOVT 100

I hereby appoint:

☐ Practitioners at Customer Number  → 

Place Customer  
Number Bar Code  
Label here

  
**OR**

☒ Practitioner(s) named below:

Name	Registration Number
Patrea L. Pabst	31,284
Robert A. Hodges	41,074
Zhaoyang Li	46,872

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

**OR**

<input checked="" type="checkbox"/> Firm or Individual Name	Patrea L. Pabst; Arnall Golden & Gregory, LLP				
Address	2800 One Atlantic Center				
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City	Atlanta	State	GA	Zip	30309-3450
Country	USA				
Telephone	(404) 873-8794	Fax	(404) 873-8795		

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).*

### SIGNATURE of Applicant or Assignee of Record

Name	F. Hoffmann-La Roche AG
Signature	
Date	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of 1 forms are submitted.